

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN9010	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - LIFE CARE CENTER OF G B. WING _____		(X3) DATE SURVEY COMPLETED 01/04/2012
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF GRAY			STREET ADDRESS, CITY, STATE, ZIP CODE 791 OLD GRAY STATION ROAD GRAY, TN 37615		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
N 831	<p>1200-8-6-.08(1) Building Standards</p> <p>(1) The nursing home must be constructed, arranged and maintained to ensure the safety of the resident.</p> <p>This Rule is not met as evidenced by: Based upon observation and interview, the facility failed to assure resident room walls were maintained. Findings include:</p> <p>Observation and interview with the Maintenance Director, on January 4, 2012 confirmed the sheetrock wall at beds 124b and 108b had a large hole through it.</p>	N 831	<p>A. What corrective actions will be taken to correct this alleged deficient practice? No residents were affected.</p> <p>B. Identify residents that have the potential to be affected by the alleged deficient practice. All residents have the potential to be affected.</p> <p>C. What measures will be put into place or what systematic changes will you make to ensure that the alleged deficient practices does not recur: Sheetrock behind beds in 124b and 108b repaired so no holes in it. Log created to audit sheetrock in rooms. Maintenance director will spot check rooms once a week for three months.</p> <p>D. How the corrective action(s) will be monitored to ensure the deficient practice will not recur and what quality assurance program will be put in place.: The Maintenance Director will report the findings of the audit to the performance improvement committee for three months. The performance improvement committee will review the results. If it is deemed necessary by the committee, additional education may be provided; the process evaluated/revised and/or the audits reviewed, for three months or until 100% compliance is achieved.</p>	02/17/12	

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

0099

PGVU21

If continuation sheet 1 of 1